

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10626748

FILING DATE 13

APPLICANT(S)

| CLAIMS | | | | | | |
|---|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| <div style="display: flex; justify-content: space-between;"> <div> TOTAL IND. <u> </u> TOTAL DEP. <u> </u> TOTAL CLAIMS <u> </u> </div> <div> TOTAL IND. <u> </u> TOTAL DEP. <u> </u> TOTAL CLAIMS <u> </u> </div> <div> TOTAL IND. <u> </u> TOTAL DEP. <u> </u> TOTAL CLAIMS <u> </u> </div> </div> | | | | | | |